DOCUMENT RESUME

ED 307 747 EC 220 252

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TITLE On Accepting Relationships between People with Mental Retardation and Nondisabled People: Towards an Understanding of Acceptance.
INSTITUTION Syracuse Univ., NY. Center on Human Policy.
SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE Jul 87
GRANT G0085C03503
NOTE 34p.
AVAILABLE FROM Syracuse University, Center on Human Policy, Research and Training Center on Community Integration, 724 Comstock Ave., Syracuse, NY 13244-4230 ($2.40).
PUB TYPE Information Analyses (070) -- Viewpoints (120)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Attitude Change; Community Programs; Friendship; Helping Relationship; *Interpersonal Relationship; *Mental Retardation; Qualitative Research; Religious Factors; *Sociocultural Patterns; *Sociology; Values

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ON ACCEPTING RELATIONSHIPS BETWEEN PEOPLE WITH MENTAL RETARDATION AND NONDISABLED PEOPLE: TOWARDS AN UNDERSTANDING OF ACCEPTANCE

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July, 1987

This paper was prepared as part of the Research and Training Center on Community Integration, funded by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education (Cooperative Agreement No. G0085C03503). The opinions expressed herein are solely those of the authors and no official endorsement by the U.S. Department of Education should be inferred. We owe a debt of gratitude to Pam Walker, Zana Lutfiyya, Julie Racino, Nancy Zollers, Rannveig Traustadottir, Beth Teelucksingh, and Dora Bjarnason, who provided many of the examples and contributed many of the ideas contained in this article. We would also like to thank Gunnar Dybwad, Dianne Ferguson, Douglas Biklen, Betsy Edinger, and Janet Bogdan for their contribution to this article.

ABSTRACT

This article outlines the "sociology of acceptance" as a theoretical framework for understanding relationships between people with mental retardation and typical people. As a point of departure, the authors review sociocultural perspectives on deviance and explore their contribution to the study of mental retardation. Based on qualitative research at community programs for people with severe disabilities, the authors next examine the nature of accepting relationships and describe four sentiments expressed by typical people who form relationships with people with mental retardation: family; religious commitment; humanitarian sentiments; and feelings of friendship. The article concludes with a brief discussion of the implications of a sociology of acceptance for the field of mental retardation.

ACCEPTING RELATIONSHIPS

Mrs. Parker is an older woman who lives in a middle class neighborhood in a Midwestern city. For the past eight years, she and her husband have been foster parents for a young girl named Amy. Amy has severe hydrocephaly and a multitude of associated problems, including blindness, frequent seizures, and hypothermia. She is fed through a tube and is susceptible to choking, infections, bed sores, and sudden drops in body temperature. Mrs. Parker speaks lovingly of Amy and keeps a scrapbook filled with pictures of her, locks of hair, and other momentoes. According to Mrs. Parker, she hates to be away from Amy and would be lost if anything ever happened to her. She says that Amy has done as much for her life as she has done for Amy's.

Al and Gertrude are a middle-aged couple who live in a modest house in a working class neighborhood in the state capitol of an upper Midwestern state. Living with them is David, a four-year old diagnosed as mentally retarded, blind, and physically handicapped. Al and Gertrude are David's foster parents, but they also happen to be his great aunt and uncle. When asked how they came to be David's foster parents, they explained that his father could not accept his disabilities and his parents had placed him in an institution: "We just couldn't stand to see David there. He's family."

Mary is on the board of directors of an agency that operates group homes and other community living arrangements in a Western state. She became involved with the agency when it established a group home in her neighborhood. Bothered by the negative reactions of her fellow neighbors, she decided to become involved with the

home and agency. As she explained, "I see the group home as a public responsibility of this community." Through her involvement with the home, she has developed a close friendship with Tony, a resident who is labelled moderately retarded. She visits Tony often and takes him to her own home: "I and my husband, we really love Tony."

Since the 1960's, the social sciences--specifically, sociology and anthropology--have had a profound impact on the field of mental retardation. From a sociological or anthropological perspective, mental retardation is a social and cultural phenomenon (Bercovici, 1983; Bogdan & Taylor, 1982; Braginsky & Braginsky, 1971; Dexter, 1967; Edgerton, 1967, 1984; Evans, 1983; Gleidman & Roth, 1980; Hobbs, 1975; Jacobs, 1980; Langness & Levine, 1986; Mercer, 1973; Vail, 1967). According to this perspective, people labelled mental retarded are placed in a deviant social role, subjected to stigma, and rejected by the community at large. Many of the concepts and ideas that have dominated the field of mental retardation over the past two decades are rooted in this social science perspective (Taylor & Bogdan, 1980). For example, the concept of normalization is based on an understanding of mental retardation as a form of deviant behavior (Wolfensberger, 1972; also see, Wolfensberger, 1975).

If sociocultural theories of deviance are true, then how are we to understand people like Mrs. Parker, Al and Gertrude, and Mary? In other words, if society rejects and excludes people with demonstrable differences, including mental retardation, how can we

explain individuals and social groups who come to accept, like, and love others with the most severe and profound disabilities?

This article represents one of the beginning steps toward the development of what we have referred to as the "sociology of acceptance" (Bogdan & Taylor, in preparation), as applied to people with mental retardation, and especially those with severe disabilities. As a theoretical perspective, the sociology of acceptance is directed towards understanding how those who are different, who might be termed deviant, come to be accepted by other people.

Though we propose a sociology of acceptance, this is not to reject the contribution of social science perspectives on deviance. Like all theories, sociological and anthropological notions of deviance illuminate some phenomena and obscure others. These perspectives are not wrong or misguided. They are, however, one-sided and cannot account for much of what we have observed in the empirical world.

Since social science perspectives on deviance have come to be so widely accepted and taken for granted in the field of mental retardation and since our analysis builds on the sociology of deviance, we discuss these perspectives as a point of departure for our discussion of acceptance.

SOCIAL SCIENCE PERSPECTIVES ON DEVIANCE

Beginning in the 1930's, if not earlier, sociologists started to develop what has come to be known variously as "labelling theory," the "societal reaction perspective", or the "interactionist perspective" on deviance (Kitsuse, 1962; Lemert,

1951; Tannenbaum, 1938). According to this perspective, deviance is created by society through the establishment and application of social rules. Becker's (1963) seminal study, Outsiders, provides the clearest formulation of this perspective:

> . . .social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application of others of rules and sanctions to an "offender." The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label (Emphasis in original) (p. 9).

As applied to the study of mental retardation, this perspective has yielded four key insights. First, mental retardation is a social and cultural construct. Like other forms of deviance, mental retardation can be viewed not as an objective condition, but as a concept that exists in the minds of people who attach that label to others (Bogdan & Taylor, 1982; Langness & Levine, 1986). As Mercer (1973) writes:

> Persons have no names and belong to no class until we put them in one. Whom we call mentally retarded, and where we draw the line between the mentally retarded and the normal, depend upon on our interest and the purpose of our classification. The intellectual problem of mental retardation in the community is, ultimately, a problem of classification and nomenclature (p. 1).

While this perspective does not deny that intellectual or organic differences may exist between people, it suggests that the meaning of the label "mental retardation" depends on the society and culture and that the labelling of someone as mentally retarded is a social accomplishment rather than an exercise in the application of objective scientific procedures.

Second, the label of mental retardation carries with it a stigma. In sociological and anthropological terms, a stigma is not merely a difference, but a characteristic that deeply discredits a person's moral character (Goffman, 1963; Langness & Levine, 1986). Edgerton's (1967) classic study, The Cloak of Competence, provides the clearest analysis of stigma in the lives of people with mental retardation. As Edgerton (1967) writes, "The label of mental retardation not only serves as a humiliating, frustrating, and discrediting stigma in the conduct of one's life in the community, but it also serves to lower one's self-esteem to such a nadir of worthlessness that the life of a person is scarcely worth living" (p. 145).

Third, labelling someone as mentally retarded creates a self-fulfilling prophecy (Merton, 1948). According to W. I. Thomas' (1928) famous sociological dictum, "If men define situations as real, they are real in their consequences" (p. 572). People with mental retardation play a social role in which they are rewarded for behavior that conforms to societal expectations and punished for behavior that departs from those expectations (Bogdan & Taylor, 1982; Mercer, 1973). Wolfensberger (1972) writes:

> When a person is perceived as deviant, he is cast into a role that carries with it powerful expectancies. Strangely enough,

> these expectancies not only take hold of the mind of the perceiver, but of the perceived person as well. . .Generally, people will play the roles they have been assigned. This permits those who define social roles to make self-fulfilling prophecies by predicting that someone cast into a certain role will emit behavior consistent with that role (Pp. 15-16).

Fourth, institutions and organizations designed to treat or care for the mentally retarded create or reinforce behavior that further distances people with mental retardation from the broader community. In Asylums, Goffman (1961) describes how people confined to "total institutions" such as prisons, mental hospitals, and other institutions develop ways of thinking and acting that appear bizarre and maladjusted when viewed from the outside, but that are perfectly reasonable and rational when viewed in the context of institutional life. Similarly, Biklen (1977) reports on the process of "colonization," adaptation to institutionalization, that occurs in institutions for the mentally retarded. Bercovici (1981, 1983) notes that many so-called community programs enmesh residents or clients in a subculture with its own set of prescribed behavior:

> . . .many dehospitalized mentally retarded persons are not, and do not perceive themselves to be, living in the normal community, contrary to the assumptions that are generally held. The data indicate that these persons may be seen, instead, as inhabitants of a physically segregated and perhaps culturally distinct social system (Bercovici, 1981:138).

Some social scientists go so far as to suggest that the social

processes that cast people who are different into deviant roles, stigmatize them, and exclude them from social life are inherent in society. Combining a labelling perspective with sociological functionialism (Durkheim, 1938; Merton, 1957; Parsons, 1951; for a functionalist perspective on institutions, see Bachrach, 1981), Erikson (1966) argues that social groups place people in deviant roles as a means of maintaining cultural identity: "Deviant forms of behavior, by marking the outer edges of group life, give the inner structure its special character and thus supply the framework within which the people of the group develop an orderly sense of their own cultural identity" (p. 13). Commenting specifically on people with mental retardation, Edgerton (1967) and Evans (1983) suggest that the labelling and stigmatizing of the mentally retarded may well be inevitable in society.

PERSPECTIVE AND METHOD

This article is based on qualitative research methods (Taylor & Bogdan, 1981, 1984) and specifically participant observation and open-ended interviewing. By qualitative methods, we mean research procedures that produce descriptive data: people's own written or spoken words and observable behavior. In contrast to most other forms of research, qualitative research is open-ended and inductive. That is, qualitative researchers are concerned with how people act and talk in their natural settings and allow concepts, insights, and understandings to emerge from the data themselves. Glaser and Strauss (1967) use the phrase "grounded theory" to refer to theories derived inductively from patterns in the researcher's data. Qualitative research methods, also referred to as field

work, have a rich history in sociology and anthropology and have been used in the study of mental retardation by Edgerton (1967), Bercovici (1983), Bogdan & Taylor (1983), Bogdan, Taylor, deGrandpre & Haynes (1974), Langness & Levine (1986), Taylor & Bogdan (1980), Jacobs (1969, 1980) and others.

What we call the sociology of acceptance grows out of field research we and others have conducted at agencies, programs, and homes for people with mental retardation, and especially severe and multiple disabilities, over the past two years. As part of an ongoing study of community living, we have made two to three day site visits to programs nominated as innovative or exemplary, according to predefined criteria, through a national search. We have compiled field notes on site visits made to 16 community living, foster care, or family support programs operated by state, regional, or private agencies in 10 states.

Our purpose in this ongoing study is not to find "perfect" programs, but to understand how services are organized and what daily life is like at programs that have the reputation as being exemplary. Some programs have lived up to their reputations and others have not.

While we have been interested in ideological, administrative, and economic aspects of the programs we have visited, we have also looked at the nature of day-to-day life for a number of individuals served by the programs. Our research design called for observations of the living situations of individuals and interviews with them (whenever possible), staff members, and/or families.

This article also draws on data collected through evaluations

of four state or private agency programs over the past year and our previous studies of integrated school programs (Bogdan, 1983; Taylor, 1982). In addition, we have utilized data collected through indepth interviewing of family members, agency staff, and citizen advocates conducted by doctoral students in an advanced graduate seminar (Lutfiyya, 1987; Racino, 1987; Teelucksingh, 1987; Traustadottir, 1987; Traustadottir & Bjarnason, 1987; Walker, 1987; Zollers, 1987).

As we began to analyze and reflect on our data, we came upon instances of relationships between people with severe disabilities and typical community members that could not be explained by current theories of deviance or the mental retardation literature on friendship (see for example, Kaufman, 1984; Landesman-Dwyer, Berkson & Romer, 1979). Researchers have described instances of relationships between the mentally retarded and nonretarded people--for example, Edgerton's (1967) perceptive description of "benefactors" in The Cloak of Competence, but have not explored how these relationships fit with prevailing theories and concepts.

The concept of "accepting relationships," as defined and described below, captures the essence of the relations we observed and heard about. In Glaser and Strauss' (1967) terms, this concept is "grounded" in the data we have collected.

By focusing attention on accepting relationships, we are not suggesting that most mentally retarded people are surrounded by a network of caring community members. Many of the people whose lives we have studied are, in fact, isolated and cut off from the wider community (also see, Bercovici, 1983). Indeed, some our data

provide negative instances of acceptance, instances in which staff and others talk about people with mental retardation in stereotyped fashion and socially distance themselves from them. At the same time, however, the many examples of relationships between nondisabled and severely disabled people we have observed lead us to conclude that they are not a unique or exceptional circumstance, but representative of a larger pattern of relations deserving of serious study. It is these examples to which this article is directed.

As in the case of our research with people labelled mentally retarded (Bogdan & Taylor, 1976, 1982), we are interested in understanding relationships from the vantage point of the people involved in them (also see Langness & Levine, 1986). Others might approach these relationships from a different perspective; for example, in terms of "denial" or "cult of the stigmatized" (Goffman, 1963:31). Yet any relationship between people can be described in terms of the illusions held by the partners. In this article, we present the perspectives of typical people involved in relationships with people with mental retardation on their own terms.

ACCEPTING RELATIONSHIPS

A sociology of acceptance perspective can be applied to the study of how commonly referred to as deviant individuals and groups come to be accepted into a society or a community. One of the few studies of acceptance of people with a demonstrable disability into an American community is Groce's (1985) Everyone Here Spoke Sign Language. In this anthropological/historical account of towns on Martha's Vineyard, Groce documents how the community unself-

consciously accepted deaf people as full-fledged undifferentiated members. While a fully developed sociology of acceptance might look at acceptance on a societal, cultural, or community level, in this article we are concerned with accepting relationships on a personal level.

An accepting relationship is defined here as a relationship between a person with a deviant attribute, in this case mental retardation, and a nondisabled person, which is long-standing and characterized by closeness and affection and in which the deviant attribute, or disability, does not have a stigmatizing, or morally discrediting, character in the eyes of the nondisabled person. Accepting relationships are not based on a denial of the disability or difference, but rather on the absence of impugning the disabled person's moral character because of the disability.

What draws typical people into relationships with people with severe disabilities? What motivates people who form and maintain close relationships with disabled people; people like families who decide to keep their children at home, foster and adoptive families, volunteers and citizen advocates who become involved in the lives of people with disabilities for the long-term, and staff members who go beyond their role to form personal relationships with the people they serve?

People who are involved in accepting relationships eventually take them for granted, something that does not require an explanation. In fact, asking people about why they have the relationships may evoke expressions of bewilderment, impatience, or even disgust. This tells them that the person asking the question

regards the relationship as something abnormal, that needs to be explained.

While people may not always be able to articulate why they have developed a relationship with a person with an obvious disability, by their actions, way of talking, and explanations given when pressed, they point to a range of sentiments or motivations for entering into accepting relationships. Four major orientations can be distinguished, based on the sentiments held by the typical person towards the person with the disability.

Family

When we asked a 28-year-old married man why he maintains a close relationship with his 18-year-old mentally retarded brother, his immediate and impatient response was: "He's my brother." A sense of family remains a strong sentiment that binds people together. Most people care about and remain close to their disabled spouses, children, parents, aunts and uncles, and siblings.

That the birth and rearing of a severely disabled child can be traumatic and stressful for families is widely accepted in the field of mental retardation. Despite the hardships--socially imposed and otherwise--that may be undertaken in caring for a child with disabilities, families can and often do come to accept their disabled members. Common membership in the family supercedes the individual's differentness.

For families, acceptance is often based on a sense of commitment and obligation to a family member. The family would not be the same family without the disabled family member. As Al, who

with his wife became the foster parent of his institutionalized great-nephew, stated, "He's family." Writing on her decision to keep her disabled child at home, Clara Claiborne Park (1967) recalls that she agreed with a friend who asked, "Well, you couldn't have done anything else, could you?" A ten-year-old commented on his eight-year-old mentally retarded brother: "I guess he'll live with my mom til. . .he can't live with her anymore and then I'll have him come live with me."

Many families come to view their disabled member in terms of his or her positive characteristics and contribution to the family as a whole. Turnbull, Brotherson, and Summers (1985) report: "In analyzing our interview data, a major ideological function of families was strikingly apparent--the development of a set of beliefs that helped families adjust to their child's handicap and turn what could be a very negative situation into a positive one" (p. 128). Similarly, Teelucksingh (1987) describes how parents attribute a positive meaning to their children's disabilities. One parent states, "Her presence in the world has taught people a lot. That's her contribution." Another says, "Even the most handicapped child can teach us something. That might be his purpose."

As a basis for accepting relationships, the sentiment of family can also unite nondisabled and disabled people who are not related by birth. People with the most severe disabilities can be accepted by adoptive and foster families and treated as full family members. Some of the most powerful examples of acceptance we have observed were found among foster families of children and adults.

ACCEPTING RELATIONSHIPS

Consistent with the philosophy of "permanency planning," some state and regional agencies are aggressively recruiting foster and adoptive families for children with the most severe disabilities, including multiple disabilities, severe and profound mental retardation, and complex medical involvements (Taylor, Racino, Knoll, & Lutfiyya, 1987). Agencies like Michigan's widely heralded Macomb-Oakland Regional Center have been successful in finding surrogate families for practically every child placed out of the natural home. As one Macomb-Oakland administrator is quoted as saying:

> There's somebody for everybody. Foster parents aren't interchangeable, though. Some aren't good with kids with behavior problems, but they're good with medically fragile kids. You have to match the kid with the family. The toughest kid will be taken in by someone who likes him.

While families may have a range of motivations for becoming foster or adoptive parents, a person with a disability often comes to be regarded as a central part of the family. A foster parent of several children with severe disabilities, who could not have children of his own, explains:

> We couldn't have children of our own. This gives us our family. . .We treat the kids like kings and queens. But that's the only way. Children should always get the best. These kids are no different.

Another foster parent, who has two children with severe disabilities one of whom has hydrocephaly and one of whom is self-abusive, describes how one of her foster children fits into the

family:

> Billie loves my natural son, John. He just turned 15. He gives Billie a lot of attention. He plays with him and rough houses with him on the floor and Billie loves it. . .My natural son really loves Billie too. . .He's the little brother he never had. . .Billie understands a lot more than people give him credit for. He understands, "No." He has a good personality. He's cute. He giggles. He's a kid. . .There's a lot of rewards. I wanted more kids. Now I have Billie and Susie. I wouldn't have thought I'd like it so much. . .For other families, what it would take is to get to know the kids. Take them in and get to know them.

In families that have taken in adults with mental retardation, acceptance does not seem to occur as naturally. Many "foster" families treat disabled adults as boarders and do not talk about them as though they are full family members. However, some, while perhaps overprotective, do view adults with mental retardation living in their homes as a part of the family. One family member states:

> They tell me I can take them back to the state school. I won't do it. I think it would be just traumatic for either of them. They are family to us. We go for all nine yards. It would be like taking one of our kids back. . .Bonnie being here is good for the family and good for Bonnie. We bring them to all family gatherings. My sister said we could hire a babysitter and leave all the foster children home. We said that where we go, they go. . .The family accepts them as part

of the family.

As natural and adopting (including foster) families come to accept mentally retarded and disabled family members, the disability gradually becomes less salient in their eyes. They begin to define the disabled person in terms of other qualities and attribute to the person characteristics that are not readily apparent to outsiders who do not have the same type of relationship with the person. A comparison of the perspectives of a special education teacher and a foster parent regarding a six-year-old girl with severe multiple disabilities provides a striking example of this. The teacher describes the young girl, Julie, as follows:

> A truck ran over her head when she was six months old. . .She has no purposeful movement. . .Julie is susceptibe to upper respiratory infections and requires total care. We aren't sure whether she can respond to anything. She is unresponsive.

In the following exchange with an interviewer, Julie's foster mother presents a dramatically different picture of her:

> (Interviewer): What's Julie like?
>
> (Foster mother): She's pleasant, nice. She's good company. . .She hears very well.
>
> (Interviewer): Have you seen any changes in Julie since she's lived here?
>
> (Foster mother): She laughs. She didn't do that before. . .She's doing pretty good.
>
> (Interviewer): What does Julie need?
>
> (Foster mother): A lot of loving.

(Interviewer): Is it difficult taking care of Julie?

(Foster mother): No, not at all. You don't have to chase her around the house.

(Interviewer): What else do you do with Julie?

(Foster mother): A lot of holding and talking. I talk to her like she knows what I'm saying. . .We take her to church, the grocery store, everywhere we go.

(Interviewer): Julie's teacher told me she will probably go to school full day next year.

(Foster mother): I don't want her going a full day. I like mornings with her. I don't know what I'd do without her.

Some residential agencies adopt a family model as a service ideology. Agency-operated facilities are seldom characterized by the sentiment of family as found in actual families. Since staff may maintain social distance between themselves and residents and separate their own personal lives from their work roles, the term family as used in residential programs is likely to represent what Bercovici (1983:142-43) refers to as "fictive kinship roles," rather than the commitment and bond characteristic of families.

Religious Commitment

For some people, a commitment to spiritual values is the underlying motivation for the establishment of relationships with people with mental retardation. In contrast to family sentiments, in which relationships endure in spite of or without regard to the disability, relationships based on religious sentiments are established precisely because of the person's disability. In other words, the disability is the basis for forming the relationship.

People who develop accepting relationships based on religious sentiments--for example, some people who take mentally retarded people into their homes, some citizen advocates, members of L'Arche communities--often refer to a "calling." For example, a foster parent states, "The Lord calls you to do things." A person living with a number of retarded people explains her reason for "life-sharing," "It's a calling and it's a commitment to individuals."

In accepting relationships built on religious sentiments, the relationships are not merely an expression of charity, which has been the basis for many philanthropic efforts on behalf of the mentally retarded, but of a commitment to people who have suffered or been wounded. Some people see Christ in suffering people. One person describes her beliefs:

> The Lord appears to us through these people. He appears to us through all people, but it is also through these people, no matter what their wounds are. The Lord appears to us and will be a blessing to us. We have a prayer in French that says: "Blessed are those that are rejected."

Humanitarian Concern

Similar to religious commitment, some people explain their relationships to people with mental retardation in terms of humanitarian concern or secular motivations. Here, the sentiments range from doing good works to attacking social injustice. One person describes how she became a foster parent: "It is a fulfillment for me, a way of doing something good." Another foster parent explains, "Some day I will need help, someone to care for

me. . .If I do a good job now, maybe somebody else will do the same for me."

Though accepting relationships cannot be bought or sold, paid human service workers sometimes develop attachments to people they serve. In contrast to traditional definitions of professionalism that emphasize detachment, their involvement with people with disabilities extends well beyond the requirements of their jobs. For example, staff members sometimes invite their clients to their homes and to social events. At some agencies, staff members are expected to form meaningful ties with their clients. These agencies typically subscribe to an ideology in which human service work in the community is viewed in terms of liberation and civil rights. A staff member at one agency relates how he was moved by the situation of one of his clients:

> We got (a person) directly out of the institution. He had lived there for 25 years. . .Here's a man who is 38 years old and can fit all of his possessions in the back of a station wagon. . .It was real depressing. But if nothing else is ever done in his life, that one move is just so dramatic. . .I think more dramatic than anything you or I have probably experienced in our lives.

Another staff members explains why it is important to integrate people into the community:

> By working on things that help people become part of the community, I feel I'm working on some of my own personal goals to create a better society. All of us do things that are not liked or wanted. If I can help build a society of acceptance

it ultimately helps me too.

Feelings of Friendship

Many relationships between people with mental retardation and typical people are based on feelings of friendship. Here the relationship is described not in terms of abstract values--family, religious, humanitarian, but in terms of liking and enjoying the company of the person with a disability.

As McCall, McCall, Denzin, Suttles, and Kurth (1970) note, a defining characteristic of friendship is voluntariness. Friends choose to be together in the absence of obligation.

Friendships between disabled and nondisabled people are typically rooted in other kinds of relationships. Relationships based on family, religious, or humanitarian sentiments often evolve into friendships. For example, while a person may initially become involved with a mentally retarded person because of a religious calling, he or she may come to may come to like and feel close to the person as a result of prolonged contact.

Many of the friendships we have observed and heard about grew out of professional, neighbor (Perske, 1980), or volunteer relationships. While the staff-client relationship cannot be defined as a friendship, since it is not voluntary in the sense described above, staff members often come to like people they work with and choose to spend time with them outside of their work roles. Some of the closest friendships we found involved staff members who decided to maintain a relationship with former clients after they left their jobs.

Becoming friends with a mentally retarded person is a process

in which the person essentially becomes "delabelled" (for a discussion of delabelling from the perspective of a person who has been defined as retarded, see Edgerton, 1986). While the disability or label may be prominent in the eyes of the other person during the initial stages of the relationship, that aspect of the disabled person becomes less salient over time.

People who describe themselves as friends of retarded people often point to what they have in common. One person states:

> I really like spending time with him. Why? Because we both have active imaginations, we're artists, share the same sense of humor, love chocolate, and like good coffee on Sunday mornings. We both like to cook good meals and listen to jazz. Ken and I have similar interests. That's why we're such good friends. You can really become good friends with anyone if you look for similar interests and do things that you have in common. It's easy to like someone.

The director of an agency, who had developed a relationship with one of the clients, expresses the same sentiment as she discusses her decision to leave her job:

> Joan and I are genuine friends. . .I like her. We have similar interests in music, watching people. We are both physically slow, not atheletes, and we don't like physically aggressive activities. We enjoy each other. I, we will keep in touch with each other when I leave my job here.

Similarly, people who have become friends of people with mental retardation focus on their positive qualities. Examples include: "She has a really good sense of humor," "He's a lot of

fun," "He really appreciates everything you do for him," "She's really honest, He doesn't play games like most people."

In short, when people are friends of people with mental retardation, they describe the relationship as reciprocal rather than one-sided.

DISCUSSION

A sociology of acceptance perspective has the potential not only to advance our theoretical understanding of people with mental retardation in society but to provide professionals and others in the field with practical guidance for their efforts. By drawing attention to the labelling and exclusion of people with mental retardation, sociocultural perspectives on deviance provided a theoretical underpinning for trends such as deinstitutionalization, normalization, and integration. Yet the sociology of deviance directs attention to what not to do rather than to what should be done.

The sociology of acceptance has two major implications for practice in the field of mental retardation. The first has to do with the nature of ordinary people, if not the society. Though prejudice and discrimination toward the mentally retarded run deep on a cultural and societal level (Biklen & Knoll, 1987; Bogdan & Biklen, 1977), it does not follow that communities and typical people will always reject people with mental retardation. Our data strongly indicate that a significant number of ordinary community members are willing to accept people with severe disabilities if given the opportunity. Perhaps the culture and society are

changing or perhaps there will always be people who are able to transcend cultural values and social pressures. Whether or not rejection of people who are different, and specifically those with mental retardation, is inevitable in society as a whole is a question that cannot be answered here. However, for many people, familiarity breeds acceptance, not contempt.

The second implication relates to our knowledge and understanding of how relationships are formed. Recent years have seen the publication of compelling arguments on the importance of relationships in the lives of people with mental retardation and on the tendency of human service systems to usurp community responsibility (McKnight, 1986; O'Brien, 1987; Strully & Strully, 1985). As a field, we have begun to appreciate the importance of personal relationships and the limitations of human services. Yet we know very little about how people come together and how professionals can help people to become part of their communities. We need to know who forms relationships with people with mental retardation, why and how they form them, and how we can support those relationships or at least know when to stay out of their way. A sociology of acceptance is a modest step towards providing this understanding.

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